

PTO/SB/97 (12-97)

Approved for use through 8/31/00. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on December 3, 2003
Date


Signature

Megan E. Williams
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page);
Response (11 pages);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Notice of Appeal (1 page);
Fee Transmittal (1 page in duplicate);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
Charge \$640.00 to deposit account 12-0080.

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****DEC 03 2003****DATE:** December 3, 2003**PTO IDENTIFIER:** Application Number 09/743242-Conf. #6001
Patent Number**Inventor:** Jan Koopmans, et al.**OFFICIAL****MESSAGE TO:** L.B. Lankford, Jr.**FAX NUMBER:** 703-872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Megan E. Williams

PHONE: (617) 227-7400**Attorney Dkt. #:** DNI-038CPUS**PAGES (including Cover Sheet):** 21**CONTENTS:**

Amendment Transmittal (1 page);
Response (11 pages);
Notice of Appeal (1 page in duplicate);
Fee Transmittal (1 page in duplicate);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
Charge \$640.00 to deposit account 12-0080.

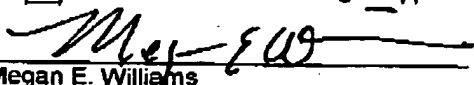
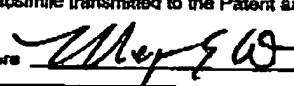
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP

28 State Street, Boston, Massachusetts 02109

Telephone: (617) 227-7400 Facsimile: (617) 742-4214

AMENDMENT TRANSMITTAL LETTER				Docket No. DNI-038CPUS	
Application No. 09/743242-Conf. #6001		Filing Date August 17, 2001		Examiner L.B. Lankford, Jr.	
				Art Unit 1651	
Applicant(s): Jan Koopmans, et al.					
Invention: IMPROVED METHODS FOR STORING NEURAL CELLS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	49	- 59 =		x	0.00
Independent Claims	13	- 18 =		x	0.00
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	
Other fee (please specify): Extension for response within third month; Notice of appeal					640.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					640.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 12-0080 in the amount of \$ 640.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17					
 Megan E. Williams Attorney Reg. No. 43,270				Dated: December 3, 2003	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. _____, on the date shown below. Dated: December 3, 2003 Signature  (Megan E. Williams) 703-872-9306					

PTO/SB/17 (10-03)
Approved for use through 7/31/2008 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		640.00	
-------------------------------------	--	--------	--

Complete if Known	
Application Number	09/743242-Conf #6001
Filing Date	August 17, 2001
First Named Inventor	Jan Koopmans
Examiner Name	L.B. Lankford, Jr.
Art Unit	1651
Attorney Docket No.	DNI-038CPUS

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number	12-0080
Deposit Account Name	LaHive & Cockfield, LLP
The Director is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayments of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 630	2003 285
1004 770	2004 385
1005 180	2005 80
SUBTOTAL (1) (\$)	
0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	49
Independent Claims	11
Multiple Dependent	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 86	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$)	
0.00	

FEE CALCULATION (continued)	
3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1051 130	2051 65
1052 50	2052 25
1053 130	2053 130
1812 2,520	1812 2,520
1804 820*	1804 820*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 420	2252 210
1253 950	2253 475
1254 1,480	2254 740
1255 2,010	2255 1,005
1401 330	2401 165
1402 330	2402 165
1403 290	2403 145
1451 1,510	2451 1,510
1452 110	2452 55
1453 1,330	2453 665
1501 1,330	2501 665
1502 480	2502 240
1503 640	2503 320
1480 130	1480 130
1807 50	1807 50
1808 180	1808 180
8021 40	8021 40
1809 770	2809 385
1810 770	2810 385
1801 770	2801 385
1802 900	1802 900
Other fee (specify)	
Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$)	
640.00	

SUBMITTED BY	
Name (Print/Type)	Megan E. Williams
Registration No. (Attorney/Agent)	43,270
Signature	<i>Meg E Williams</i>
(Complete if applicable)	
Telephone	(617) 227-7400
Date	December 3, 2003

I hereby certify that the correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 703-872-9306 on the date	
Dated: December 3, 2003	Signature: <i>Meg E Williams</i> (Megan E. Williams)